



CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

April 7, 2008

H.R. 1198 **Early Hearing Detection and Intervention Act of 2008**

*As ordered reported by the House Committee on Energy and Commerce
on March 13, 2008*

SUMMARY

H.R. 1198 would amend the Public Health Service Act to authorize and expand research and public health activities related to the early detection, diagnosis, and treatment of hearing loss in newborns and infants. CBO estimates that implementing the bill would cost \$183 million over the 2009-2013 period, subject to the appropriation of the necessary amounts. Enacting H.R. 1198 would not affect direct spending or federal revenues.

H.R. 1198 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA).

ESTIMATED COST TO THE FEDERAL GOVERNMENT

The estimated budgetary impact of H.R. 1198 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

BASIS OF ESTIMATE

H.R. 1198 would authorize funding for early hearing loss detection and intervention activities at the Health Resources and Services Administration (HRSA), the Centers for Disease Control and Prevention (CDC), and the National Institutes of Health (NIH) for fiscal years 2009 through 2014. It also would require the Director of the National Institutes of Health to establish a postdoctoral research program to foster research and development in the area of early hearing detection and intervention. CBO estimates that those activities would require the appropriation of \$222 million over the 2009-2013 period. Based on historical spending patterns for similar activities and assuming the appropriation of necessary amounts, CBO estimates that implementing H.R. 1198 would cost \$183 million over the 2009-2013 period. The costs of this legislation fall within budget function 550 (health).

	By Fiscal Year, in Millions of Dollars				
	2009	2010	2011	2012	2013
CHANGES IN SPENDING SUBJECT TO APPROPRIATION					
HRSA					
Estimated Authorization Level	12	12	13	13	13
Estimated Outlays	6	11	12	13	13
CDC					
Estimated Authorization Level	10	10	11	11	11
Estimated Outlays	4	9	10	10	11
NIH					
Estimated Authorization Level	20	21	21	22	22
Estimated Outlays	5	17	20	21	21
Total Changes					
Estimated Authorization Level	45	43	45	46	46
Estimated Outlays	15	37	42	44	45

Note: CDC = Centers for Disease and Prevention; HRSA = Health Resources and Services Administration; NIH = National Institutes of Health.

HRSA administers the Universal Newborn Screening program, which makes grants to states to support testing of infants prior to hospital discharge, audiologic evaluation by three months of age, and early intervention activities. CBO estimates that those activities would require the appropriation of \$63 million over the 2009-2013 period. Assuming the appropriation of estimated amounts, CBO estimates that implementing H.R. 1198 would cost \$55 million over the 2009-2013 period.

H.R. 1198 would authorize CDC to make grants to states and provide technical assistance to states to promote screening, surveillance, and research into the causes of hearing loss among newborns and infants. CBO estimates that the CDC would require the appropriation of \$53 million over the 2009-2013 period to conduct the authorized activities. CBO estimates that implementing those programs would cost \$44 million over the 2009-2013 period, assuming the appropriation of the estimated amounts.

H.R. 1198 would authorize the NIH to conduct research on early detection and treatment of hearing loss. The bill also would direct NIH to establish a postdoctoral fellowship program to train researchers in the field of detecting and intervening in early hearing loss. Based on information provided by NIH, CBO expects that the new postdoctoral program would fund two to three postdoctoral fellows at approximately \$50,000 per year. Based on that information, historical program expenditures at NIH, and adjustments for inflation, CBO

estimates that NIH would require the appropriation of \$106 million over the 2009-2013 period to conduct the authorized activities. CBO estimates that implementing those programs would cost \$84 million over the 2009-2013 period, assuming appropriation of the estimated amounts.

INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT

H.R. 1198 contains no intergovernmental or private-sector mandates as defined in UMRA. States that participate in programs to detect, diagnose, and treat hearing loss in newborns and infants would benefit from activities authorized in the bill.

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